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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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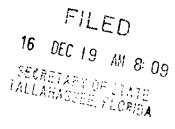
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COVER LETTER

10:	Division of C						
SHRI	ECT: THE CAL	TAIN PAINTING, LLC					
5000		(Name	of Re	sulting Florida	Limi	ted C	Company)
The er Busine	nclosed Articles ess Entity" into	s of Conversion, Artic a "Florida Limited Li	les c abil	of Organizatio ity Company'	on, a " in	ind f	ees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g thi	s matter to:			
KARO	LINA TORRES						
		(Contact Person)					
KTOR	RES SERVICES (CORP					
		(Firm/Company)					
600 S I	EDERAL HWY	# 220					
	<u> </u>	(Address)					
DEERI	FIELD BEACH, F	L 33441					
	((City, State and Zip Code)					
KTOR	RES@KTORRES	SERVICES.COM					
E-m	ail Address: (to be	used for future annual re	ort 1	notifications)			
For fu	rther information	on concerning this ma	ter,	please call:			
KARO	LINA TORRES		at	()	562	-0814	4
	(Name of Conta	et Person)		(Area Code)	(Da	aytim	e Telephone Number)
Enclos	sed is a check for	or the following amou	nt:				
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	■\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing F d Certified Copy		C	3\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:			MAILI		ADI	DRESS:	
Registration Section				Registrat			
	on of Corporati	ons		Division of			porations
	n Building	or Cirolo		P. O. Box 6327			22214
2661 Executive Center Circle Tallahassee, FL 32301			Tallahassee, FL 32314			34314	

INHS11 (06/15)

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: IE CAPTAIN PAINTING, CORP
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a CORPORATION .
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of
on	04/20/2016 (Enter state, or if a non-U.S. entity, the name of the country)
0	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TH	IE CAPTAIN PAINTING, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T) da da <u>No</u> t	the effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te listed in the attached Articles of Organization, if an effective date is listed therein.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
5.	The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 12TH day of DECEMBER	_ 20_16
Signature of Authorized Representative of Lim	ted Liability Company:
Signature of Authorized Representative Printed Name: AUGUSTO ALAGIA	Title: MOR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: AUOUSTO ALAGIA	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
THE CAPTAIN PAINTING, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
837 NE 17TH AVE # 2	837 NE 17TH AVE # 2
FORT LAUDERDALE, FL 33304	FORT LAUDERDALE, FL 33304
The name and the Florida street address of the results of the resu	
600 S FEDERAL HWY STE 220	
Florida street address (P.O.	. Box NOT acceptable)
DEERFIELD BEACH	FL 33441
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AM BR	AUGUSTO ALAGIA
· 	837 NE 17TH AVE # 2
	FORT LAUDERDALE, FL 33304
	
	
(Use attachment if necessary)	
to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet	be specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State'	's records.
ARTICLE VI: Other provisions, if any.	
ANY AND ALL LAWFUL BUSINESS	
<u>required</u> signature:)
35/	
Signature of a mamba	r or an authorized representative of a member.
This document is executed in a	an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false inform	nation submitted in a document to the Department of State
constitutes a third degree felony	y as provided for in s.817.155, F.S.
constitutes a thfrd degree felony AUGUSTO ALAGIA	
AUGUSTO ALAGIA	
AUGUSTO ALAGIA Ty	ped or printed name of signee Filing Fees
AUGUSTO ALAGIA Ty \$125.00 Filing Fee for Articles o	ped or printed name of signee Filing Fees of Organization and Designation of Registered Agent
AUGUSTO ALAGIA Ty	ped or printed name of signee Filing Fees of Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: